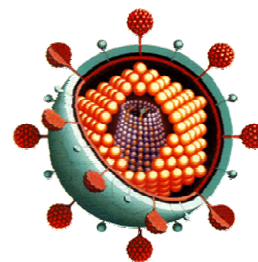




The California Influenza Surveillance Project



California Influenza Sentinel Provider Surveillance Program Enrollment Form

Name of Practice:		Type of Practice:	
Name of Physician			
Clinic Contact:	Phone:	Fax:	
email:			
Address			
Street			
City	State	Zip Code	County
	CA		

Do you have access to diagnostic testing for influenza?

Yes

No

Number of total patients seen per week:

Please fill out this form and send to Erica Boston by:

* Email to: eboston@dhs.ca.gov

* Fax to: (510) 620-3774

* Mail to: 850 Marina Bay Parkway, Building P, 2nd Floor, Richmond, CA 94804

Thank you for your interest!!!